COMPETENCY CHECKLIST

Counselor Name _____ District _____

	Competency	Date Completed
☐	Purpose of Vocational Rehabilitation	_____
☐	Confidentiality, Ethics and HIPAA	_____
☐	Caseload Documentation	_____
☐	Referral and Application	_____
☐	Assessment	_____
☐	Guidance and Counseling	_____
☐	Eligibility	_____
☐	Appeals & Mediation	_____
☐	Services	_____
☐	Self-Employment	_____
☐	Plan Development	_____
☐	Fiscal/Budget Responsibility	_____
☐	Case Management and Organization	_____
☐	Job Development/Placement/ Retention/Follow-up	_____
☐	Case closure/Post employment	_____
☐	Specialty Caseloads	_____

_____ _____

Mentor Signature Branch Manager Signature

_____ _____

Date Date